| Š            | Yes                      | crilia because                                 | sactions, or liabilities of a spouse of dependent child because with the Committee on Ethics.   | st consulted w               | es, unearned<br>ss you have fi   | answer "yes" unk  | they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o   | Il three tests fo   | they meet a   |
|--------------|--------------------------|--|---|------------------------------|--|---|---|---|---|
| S S          | Yes                      | sclosed. Have you                              | ertain other "excep   | on Ethics and dependent chil | the Committee<br>our spouse, or  | sts" approved by benefiting you, you                    | TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and co excluded from this report details of such a trust benefiting you, your spouse, or dependent child?   | Details regarding methis report d   | excluded fr   |
| S            | UESTION                  | EACH OF THESE QUESTIONS                        | - ANSWER  | r INFORI                     | OR TRUS  | DEPENDENT, OR TRUST INFORMATION                         |   | EXCLUSION OF SPOUSE,  | EXCLUS  |
| the<br>onse. | wered and<br>'Yes" respo | must be ansi<br>ed for each "                  | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response   | S C                          | Seg.   | ve any reportable<br>period?                            | V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.  | our spouse, or than \$10,000 plete and attac  | V. Did you,<br>liability (mo<br><b>If yes, com</b>                            |
| S            | Yes                      | arrangement with                               | IX. Did you have any reportable agreement or arrangement with<br>an outside entity? If yes, complete and attach Schedule IX.  | S .                          |  | ourchase, sell,<br>on exceeding                         | IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.                                     | IV. Did you, your spouse, or a deper or exchange any reportable asset in \$1,000 during the reporting period? If yes, complete and attach Schec | IV. Did you,<br>or exchang<br>\$1,000 duri<br>ff yes, com                     |
| <u>8</u>     | Yes                      | or before the date                             | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.   | S S                          | Yes 🔽  | ceive "unearned"<br>d or hold any<br>and of the period? | III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | your spouse, on<br>nore than \$200<br>isset worth mor<br>plete and attac  | III. Did you, income of n reportable a If yes, com                            |
| s<br>C       | Yes                      | d receive any<br>in the reporting<br>e)?       | 'VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII. | S<br>C                       | es of the state of | nation to charity i<br>article in the                   | II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.   | ndividual or orging you for a speriod?  | II. Did any individual lieu of paying you reporting period?  If yes, complete |
| <u>R</u>     | Yes                      | d receive any<br>pregating more                | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.              | S<br>S                       | Yes  | (e.g., salaries or<br>porting period?                   | <ol> <li>Did you or your spouse have "earned" income (e.g., salaries or<br/>fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>                                       | r your spouse to more from plete and atta   | i. Did you c<br>fees) of \$20<br><b>If yes, com</b>                           |
|              |                          |  | E QUESTIONS   | OF THESE                     | EACH   | - ANSWER  | PRELIMINARY INFORMATION   | NARY INI  | PRELIM  |
| nore man     | ie who mes i             | against anyone who mes more than 30 days late. | Termination Date:   | :                            | Amendment  |   | nnual (May 15, 2012)  | )<br>Innu   | Report<br>Type  |
| assessed     | ity shall be             | A \$200 penalty shall be assessed              | r Employing Office:   | Officer or<br>Employee       | <br>   | State: 1545 District: 7                                 | Member of the U.S.<br>House of Representatives  | Mem   | Filer<br>Status   |
| <i>ر</i>     | KES EUR WHAT'S           | U.S. HOUSE OF REDMES US THAT S                 | ű   |                              |  |   |   |   |   |
| 1            | PH 5: 18                 | 2012 MAY 15 PM 5: 18                           | Daytime Telephone: (カタ) に82・8929  | Daytime 1                    |  | SS .  | ABMEY CUUSERSON   | である。  | Name:   |
|              | URCE CENTER              | GIST ATTYE RESOURCE CENTER                     |   |                              |  |   |   |   |   |
| <b>5</b> 9 4 | DELIVERED                |  | Form A For use by Members, officers, and employees  | AENT                         | TIVES<br>RE STATEI   | PRESENTA  | UNITED STATES HOUSE OF REPRESENTATIVES<br>CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT   | STATES I  | CALEN   |
| 2            | HAND                     |  |   |                              |  |   |   |   |   |

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military nay (such as National Guard or Reserve nay) tederal retirement programs and benefits received under the Social Sociality Act

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | fits received under the Social Se   | ecurity Act. |
|--|---|--------------|
| Source   | Туре  | Amount       |
| Keene State  | Approved Teaching Fee   | \$6,000      |
| ;  | Legislative Pension   | \$9,000      |
| Civil War Roundtable (Oct. 2nd)  | Spouse Speech   | \$1,000      |
| Ontario County Board of Education  | Spouse Salary   | NA           |
| SIMIE OF ICHAS RETIREMENT ANNUITY  | LEUSUTIVE PENSION   | #26 983.08   |
| BELINDA ( SPORSE) MEMORIAL BAPTIST CHURCH ( PART TIME)   | soose smary   | \$ 7 200.00  |
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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

|  | A        |               |                            |
|--|----------|---------------|----------------------------|
| Source   | Activity | Date          | Amount                     |
| Association of American Associations, Washington, DC | Speech   | Feb. 2, 2011  | \$2,000                    |
| Examples: XYZ Magazine                               | Article  | Aug. 13, 2011 | \$500                      |
|  |          |               | ,                          |
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If you so choose income source is t child (DC), or is joint to the child (DC), or is joint to the child (DC). optional column o

DC, Examples:

For additional assets and unearned income use next nage

| of Income   | OK D    |  |
|-------------|---------|--|
| Transaction | BLOCK E |  |

| FEDERAL PHRIPT SAILLUS ACCUMIT | State of to representat | NORTHER WANTIN HOUSE | Houstand Home | 1st Bank of Paducah, KY Accounts | Examples:     | P, SP Mega Corp. Stock | or rental or orner real property neig for investment, pro- ride a complete address.  or an ownership interest in a privately-held business hat is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic loca- tion in Block A.  Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental tocome during the reporting period); any deposits total- ng \$5,000 or less in a personal checking or saving tocounts; and any financial interest in, or income derived tom, a federal retirement program, including the Thrift savings Plan.  If you so choose, you may indicate that an asset or roome source is that of your spouse (SP) or dependent hild (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  or a detailed discussion of Schedule III requirements, lease refer to the instruction booklet. | nent accounts which are not self-directed, provide only the name of the institution holding the account and its ralue at the end of the reporting period.   | more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) blans) that are self-directed (i.e., plans in which you have he power, even it not exercised, to select the specific restments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire- | dentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other eportable asset or sources of income which generated | BLOCK A  Asset and/or Income Source |
|--------------------------------|-------------------------|----------------------|---------------|----------------------------------|---------------|------------------------|--|---|--|--|-------------------------------------|
| *                              | ×                       | *                    | ×             | ×                                | <del></del> + | ×                      | None<br>\$1 - \$1,000<br>\$1,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$250,000<br>\$250,001 - \$500,000<br>\$500,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>\$5,000,001 - \$25,000,000<br>\$25,000,001 - \$50,000,000<br>Qver \$50,000,000   | > B C C C T C C C T C C C T C | please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  | Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value,  | BLOCK B  Value of Asset             |
| X (RETIREMENT)                 | Admity                  | X                    | X             | ×                                | Royalties     | ×                      | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  |   | (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column.  Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.  | Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income  | <b>က်</b>                           |
| X                              |                         | X                    | X Zern        | ×                                | ×             | ×                      | None<br>\$1 - \$200<br>\$201 - \$1,000<br>\$1,001 - \$2,500<br>\$2,501 - \$5,000<br>\$5,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>Over \$5,000,000  |   | the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.   | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking   | Amount of Income                    |
|                                |                         | (Albelle)            | MorrE)        |                                  |               | S (partial)            | sold, please indicate as follows: (S) (partial) See below for example.  P, S, E  | If only a portion of an asset is  | (E) exceeding<br>\$1,000 in<br>reporting<br>year.  | asset had<br>purchases<br>(P), sales (S),  | Transaction                         |

This page may be copied if more space is required.

| SCHEDULE III—ASSETS AND Continuation Sheet (if needed) | ASSETS AND "UNEARNED" INCOME (if needed)  | Name \   | n (ullima Page   | ្រំហ    |
|--|---|--|--|---------|
| BLOCK A Asset and/or Income Source                     | BLOCK B Year-End Value of Asset   | BLOCK C Type of Income   | BLOCK D Amount of Income   | BLOCK E |
|  | ග ±<br>000 −<br>0,000 ←   |  |  | π,ο, π  |
|  | None<br>\$1 - \$1,000<br>\$1,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$250,000<br>\$250,001 - \$500,000<br>\$500,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>\$5,000,001 - \$50,000,000<br>\$25,000,001 - \$50,000,000 | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRU TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | None<br>\$1 - \$200<br>\$201 - \$1,000<br>\$1,001 - \$2,500<br>\$2,501 - \$5,000<br>\$5,001 - \$15,000<br>\$50,001 - \$100,000<br>\$100,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>Over \$5,000,000 |         |
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## SCHEDULE IV— TRANSACTIONS

SP, DC, JT Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that action. Exclude transactions between you, your spouse or dependent chilresulted in a capital loss. Provide a brief description of any exchange trans-Ş Example: ASSE Mega Corporation Common Stock (partial sale) COMPUTER STOCK Asset of Transaction メ **PURCHASE** Type SALE × **EXCHANGE** Check Box if Capital Gain Exceeded \$200 (MO/DAY/YR) Quarterly, Monthly, or Bi-weekly, if applicable 1=17 10-12-11 Date \$1,001-メ  $\triangleright$ \$15,000 \$15,001-W × \$50,000 \$50,001-O Amount of Transaction \$100,000 \$100,001-Q \$250,000 \$250,001-Ш \$500,000 \$500,001m \$1,000,000 \$1,000,001-Ø \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over **د**ـ \$50,000,000

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mortgages on personal residences. charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

|                           |                       |                       |                  |                                     |  | 7                   |
|---------------------------|-----------------------|-----------------------|------------------|-------------------------------------|--|---------------------|
|                           |                       |                       |                  |                                     | SP,<br>DC,<br>JT                         |                     |
| HEZON                     | Houst                 | <b>अंग्रेम्ज ५१</b> ७ | ANG              | Example:                            |  |                     |
| MORTHERY NA HOUSE MORTUME | Houstal Home moethaue | 16X                   | Ambrical Express | First Bank of Wilmington, DE        | Creditor                                 |                     |
|                           |                       |                       |                  | May 1998                            | Date<br>Liability<br>Incurred<br>Mo/Year |                     |
| MARTHANE MARKET           | Home mortuabe         | REIBCHING CLEAT       | REMOVING CREDIT  | Mortgage on 123 Main St., Dover, DE | Type of Liability                        |                     |
|                           |                       | ×                     | ×                |                                     | \$10,001-<br>\$15,000                    | 1                   |
|                           |                       |                       |                  |                                     | \$15,001-<br>\$50,000                    |                     |
|                           |                       |                       |                  |                                     | \$50,001-<br>\$100,000                   |                     |
|                           | ×                     |                       |                  | ×                                   | \$250,000 S250,001-                      | Amount of Liability |
|                           |                       |                       |                  |                                     | \$500,000 m                              | ‡<br>2              |
| *                         |                       |                       |                  |                                     | \$1,000,000                              | 3                   |
|                           |                       |                       |                  |                                     | \$5,000,001- <b>x</b>                    | ١                   |
|                           |                       |                       |                  |                                     | \$25,000,000 <b>\$</b><br>\$25,000,001-  |                     |
|                           | l                     |                       |                  | 1                                   | \$50,000,000                             |                     |

### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year. relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

|  |  | Exan  |             |  |
|--|--|---|-------------|--|
|  |  | Example: Mr. Joseph H. Smith, Anytown, Anystate   | Source      |  |
|  |  | Silver Platter (determination on personal friendship received from Committee on Ethics) | Description |  |
|  |  | \$375   | Value       |  |

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

| _ | <br> |       | <br> | <br> | <br>_ |   | <br> |                          | _                           |  |
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| ' | İ    |       |      |      |       | , |      | Lyampico.                | Evamples:                   |  |
|   |      |       |      |      |       |   |      | Roycroft Corporation     | Chicago Chamber of Commerce | Source   |
|   |      |       |      |      |       |   |      | Aug. 6–11                | Mar. 2                      | Date(s)  |
|   |      | 3.000 |      |      |       |   |      | DC—Los Angeles—Cleveland | DC—Chicago—DC               | City of Departure—Destination—<br>City of Return |
|   |      |       |      |      |       |   |      | ~                        | z                           | Lodging? Food?<br>(Y/N) (Y/N)                    |
|   |      |       |      |      |       |   |      | ~                        | z                           | Food?<br>(Y/N)                                   |
|   |      |       |      |      |       |   |      | Υ                        | z                           | Was a Family<br>Member Included?<br>(Y/N)        |
|   |      |       |      |      |       |   |      | 2 Days                   | None                        | Number of days <u>not</u> at sponsor's expense   |

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

|  |       | <br> | <br>_                |
|--|-------|------|----------------------|
|  |       |      | Position             |
|  | N. S. |      | Name of Organization |

### SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.